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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Applicants** : Vincent Demoulin et al.  
**Serial No.** : 10/656,074  
**Filed** : Sept. 5, 2003  
**Title** : PROCESS FOR SELECTING A TRANSMISSION CHANNEL  
AND RECEIVER OF SIGNALS WITH ANTENNA DIVERSITY  
**Examiner** : Sudhanshu C. Pathak  
**Art Unit** : 2611

**AMENDMENT AND RESPONSE**

**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

**Sir:**

In response to the Office Action of March 6, 2007, for which a shortened statutory period of three months for response ending June 6, 2007 was provided and for which pursuant to 37 CFR 1.136(a), a three-month extension, ending September 6, 2007 is hereby requested, the following amendments and comments are submitted and reconsideration of the claim rejections is respectfully requested.

Please charge the required fee of one thousand and twenty dollars (\$1,020) for extending the time for a response within the third month after the original response date, pursuant to 37 CFR 1.17(b) to Deposit Account 07-0832.

As certified in a certificate of mailing included on the signature page of this document pursuant to 37 CFR §1.8, the present response is being mailed on September 6, 2007 and, therefore, it is respectfully submitted that this response is timely.

Please enter the remarks as follows:

**Listing of the Claims** begins on page 2 of this paper.

**Amendments to the Abstract** begin on page 4 of this paper.

**Amendments to the Drawings** begin on page 5 of this paper.

**Remarks** begin on page 6 of this paper.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2636)

# FEE TRANSMITTAL

for FY 2007

SEP 10 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known	
Application Number	10/656,074
Filing Date	09/09/2003
First Named Inventor	Vincent Demoulin, et al.
Examiner Name	Sudhanshu C. Pathak
Art Unit	2611
Attorney Docket No.	PF020110

TOTAL AMOUNT OF PAYMENT (\$) 1020.00

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order

☐ None

☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

**Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

**Total Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Independent Claims**      **Extra Claims**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets**      **Extra Sheets**      **Number of each additional 50 or fraction thereof**      **Fee (\$)**      **Fee Paid (\$)**

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

Amendment and Response with Request for Extension of Time

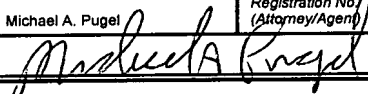
**Fees Paid (\$)**

**\$1020.00**

Total Fees

**\$1020.00**

**SUBMITTED BY**

Name (Print/Type)	Michael A. Pugel	Registration No. (Attorney/Agent)	57,368	Telephone	317-587-4027
Signature				Date	Sept 6, 2007